

RECEIVED  
Form Approved, OMB No. 2050-0028, Expires 8-01-92  
GSA No. 0248-EPA-01

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for filing this form before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

DATE Received  
(For Official Use Only)  
WASTE MANAGEMENT BRANCH  
Pesticides & Toxics Division  
EPA - REGION 5

## I. Installation's EPA ID Number (Mark X in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

INSTALLATION'S EPA ID NUMBER  
ILD 054348974

## II. Name of Installation (include company and specific site name)

MIDWEST METALLICS

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street  
7955 W 59th St

Street (continued)

City or Town

SUMMIT

State

ZIP Code

IL 60501

RECEIVED  
SEP 23 1996

County Code

County Name

031 COOK

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

COOGAN

(first)

TERANCE

Job Title

GENERAL COUNCIL

Phone Number (area code and number)

708-594-7171

## VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

CORP

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

P

Yes No

Month Day Year

METALLICS - SAME ADDRESS  
CALL ON 10/19/96

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)																	
<p style="text-align: center;"><b>A. Hazardous Waste Activity</b></p> <p>1. Generator (See instructions)</p> <p><input type="checkbox"/> a. Greater than 1000 kg/mo (2200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-6 below)</p> <p><input type="checkbox"/> a. For own use only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input checked="" type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p style="text-align: center;"><b>B. Used Oil Fuel Activities</b></p> <p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marking to Burner</p> <p><input type="checkbox"/> b. Other Marking</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>																
<p><b>IX. Description of Regulated Wastes (Use additional sheets if necessary)</b></p>																	
<p><b>A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)</b></p> <table style="width: 100%;"> <tr> <td>1. Ignitable (D001)</td> <td>2. Corrosive (D002)</td> <td>3. Reactive (D003)</td> <td>4. Toxicity Characteristic (D000)</td> <td colspan="4">(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))													
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<p><b>B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)</b></p> <table style="width: 100%; text-align: center;"> <tr> <td>1 <div style="border: 1px solid black; padding: 2px;">D001</div></td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> </table>		1 <div style="border: 1px solid black; padding: 2px;">D001</div>	2	3	4	5	6	7	8	9	10	11	12				
1 <div style="border: 1px solid black; padding: 2px;">D001</div>	2	3	4	5	6												
7	8	9	10	11	12												
<p><b>C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)</b></p> <table style="width: 100%; text-align: center;"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table>		1	2	3	4	5	6										
1	2	3	4	5	6												
<p><b>X. Certification</b></p> <p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Signature <i>Terence J. Coogan</i></td> <td style="width: 33%;">Name and Official Title (type or print) <b>GENERAL COUNSEL</b> <b>TERENCE J. COOGAN</b></td> <td style="width: 33%;">Date Signed <b>JULY 15, 1996</b></td> </tr> </table>		Signature <i>Terence J. Coogan</i>	Name and Official Title (type or print) <b>GENERAL COUNSEL</b> <b>TERENCE J. COOGAN</b>	Date Signed <b>JULY 15, 1996</b>													
Signature <i>Terence J. Coogan</i>	Name and Official Title (type or print) <b>GENERAL COUNSEL</b> <b>TERENCE J. COOGAN</b>	Date Signed <b>JULY 15, 1996</b>															
<p><b>XI. Comments</b></p>																	
<p>Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)</p>																	

10/22/96  
12

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED  
Date Received  
(For Official Use Only)  
APR 10 1996  
U. S. EPA REGION V

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (Complete Item C)

## C. Installation's EPA ID Number

ILR0000020545

## II. Name of Installation (Include company and specific site name)

SCRAP CORP OF AMERICA

## III. Location of Installation (Physical address not P.O. Box or Route Number)

## Street

12901 STONEY ISLAND

## Street (Continued)

## City or Town

CHICAGO

## State

## Zip Code

IL 60633-

## County Code

## County Name

031 COOK

## IV. Installation Mailing Address (See Instructions)

## Street or P.O. Box

SAME

## City or Town

## State

## Zip Code

OFFICE OF RCRA  
WASTE MANAGEMENT DIVISION  
EPA, REGION V

## V. Installation Contact (Person to be contacted regarding waste activities at site)

## Name (Last)

## (First)

KAMIEWSKA

T

## Job Title

## Phone Number (Area Code and Number)

MANAGER

773 312-646-2222

## VI. Installation Contact Address (See Instructions)

A. Contract Address  
Location Mailing Other

## B. Street or P.O. Box

## City or Town

## State

## Zip Code

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

SAME

## Street, P.O. Box, or Route Number

## City or Town

## State

## Zip Code

## Phone Number (Area Code and Number)

## B. Land Type

## C. Owner Type

## D. Change of Owner Indicator

## (Date Changed)

Month Day Year

- - - - - Yes No - - - - -



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

## 1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

## 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

## 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable  
(D001)2. Corrosive  
(D002)3. Reactive  
(D003)4. Toxicity  
Characteristic

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

J. Kaniewski

Name and Official Title (Type or print)

J. Kaniewski

Date Signed

3-27-96

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

4/22/96

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

RECEIVED  
Form Approved, OMB No. 2050-0028, Expires 9-30-92  
GSA No. 0246-EPA-01

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

DATE RECEIVED  
(For Official Use Only)  
WASTE MANAGEMENT BRANCH  
Pesticides & Toxics Division  
U.S. EPA - REGION 5

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

ILD 054348974

## II. Name of Installation (Include company and specific site name)

MIDWEST METALLICS

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

7955 W 59th St

Street (continued)

City or Town

SUMMIT

State

ZIP Code

IL 60501

County Code

County Name

031 COOK

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

COOGAN

(first)

TERANCE

Job Title

GENERAL COUNCIL

Phone Number (area code and number)

708-594-7171

## VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

CORP

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

Yes

No

P

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractor
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)



(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))



B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1
D001
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Terence J. Coogan

Name and Official Title (type or print)

TERENCE J. COOGAN

GENERAL

COUNSEL

Date Signed

JULY 15, 1996

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

10/22/96  
4